

## Minnesota Department of Human Services

Managed Care (MSHO and MSC+) **Non-Elderly Waiver Care Planning Audit**  
(as required under 7.1.5.4., 7.8.3, and 7.8.4 of the 2020 MSHO/MSC+ contract)

### **2021 Audit Protocol**

**Final Draft Revised 4/5/22**

**Goal: To facilitate an interdisciplinary, holistic, and preventive approach to determine and meet the health care and supportive services needs of enrollees.**

**Description:** The Audit Protocol is presented by element, first presenting outcomes related to assessment and enrollment/disenrollment and then followed by outcomes related to care planning. The method and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a “met” or “not met” score is outlined in the middle column of the matrix under the heading “Method for measuring outcome achievement.” This protocol applies to all care plans completed in CY2021 and sampled for audits conducted in 2022.

Currently, MSHO/MSC+ health plans use the LTCC for assessment. MnCHOICES is referenced only to reflect that at some point MSHO/MSC+ health plans will begin using MnCHOICES for assessment. DHS will inform health plans when MnCHOICES can be used for MSHO/MSC+.

#### **MCO sampling instructions:**

MCOs should describe their sampling methodology used for this audit protocol when reporting results to DHS.

**Sources of Evidence:** Sources of evidence may include the following: care plan, MCO Health Risk Assessment, case notes to supplement care plan, and HCBS service plan.

#### **Reporting:**

MCO reporting to DHS

- MCOs will complete a report via SNAP survey for MSHO and MSC+ for each delegate under contract with the MCO for care coordination (MSHO) and case management (MSC+) indicating results of the audit.
- MCOs will prepare summary of key findings and recommendations and results from all delegates audited that compiles the results across the MCO.

The following COVID-19 considerations were included in the 2021 EW Care Plan Audit Protocol. This information is included on this protocol for non-EW care plans for

continuity purposes. The audit of CY 2021 care plans may be affected by the COVID-19 national public health emergency, and actions taken by CMS and state government in response to that emergency.

These actions are related to:

- Waiver of certain requirements effective March 20, 2020 under the Governor's Emergency Executive Order 20-12, including:
  - Waiver of certain document and signature requirements. The waiver of the care plan signature requirement initially ended effective August 30th, 2021. However, the 2022 Legislature extended this waiver retroactively to September 1, 2021. In effect, this waiver is in place throughout CY 2021 Provision of remote assessments and reassessments.

As a result, some sources of evidence may be changed for some audit items.

There were no changes to required assessment content or other care plan requirements.

For information related to COVID-19 provisions, see:

- Bulletin #20-56-06 – COVID-19: Participation in LTSS Programs Cannot be Terminated
- Bulletin #20-56-10 – LTSS policy amendments related to COVID-19 peacetime emergency

## **1. HEALTH RISK ASSESSMENT (HRA)**

**Desired Outcome:** All enrollees will receive a complete Health Risk Assessment (HRA) as applicable within required timelines.

**Method for measuring outcome achievement (met as determined by all of the following):**

### **1.1 Timeliness:**

a. Date HRA completed is within 30/60 calendar days of enrollment date or An explanation is documented if HRA attempted but not completed within 30/60 calendar days of enrollment date when:

- enrollee refused completion of the initial HRA; **or**
- enrollee was unable to be contacted, **or**
- enrollee was admitted to a hospital before the 30/60<sup>th</sup> calendar day; **or**
- enrollee was admitted to a nursing facility for a short-term stay of 30/60 or fewer days before the 30/60<sup>th</sup> calendar day after enrollment date **or**

b. Date annual HRA completed is within 365 calendar days of previous HRA; **or**

HRA is completed but not within 365 days, and the explanation for not completing within 365 days is present.

### **1.2 Complete:**

a. All (100%) of the fields relevant to the enrollee's program are completed with pertinent information or noted as Not Applicable or Not Needed as appropriate;

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

HRA Assessment.

LTCC or MnCHOICES assessment.

**Contract Citation(s):**

6.1.4.1(1)

6.1.5.1(1)

## **2. CARE PLAN- Timeliness**

**Desired Outcome:** Enrollees receive a completed Care Plan within 30 calendar days of a completed HRA.

**Method for measuring outcome achievement (met as determined by at least one of the following):**

- a. Care Plan is completed and sent to member within 30 calendar days of the date of a completed HRA; **or**

If attempted but not completed, an explanation of status is documented.

**Not met as determined by the following:**

None of the above stated methods to meet this requirement are documented.

**Source of Evidence:**

Care plan, care coordinator notes.  
Signature page.

**Contract Citation(s):**

6.1.4.1(2)

6.1.5.2(4)

6.1.24.2

### **3. CARE PLAN - Assessed Needs Addressed**<sup>1</sup>

**Desired Outcome:** The Care Plan addresses enrollee's assessed needs and preferences, and reflects an interdisciplinary, holistic and preventive focus.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. All enrollee's assessed needs and concerns related to primary care, acute care, long-term services and supports, mental health, behavioral, and service needs and concerns are addressed in the care plan; or statement as to why an assessed need(s) was not included on the CCP; **and**
- b. The need for services essential to the health and safety of the enrollee is documented; **and**
- c. If essential services are included in the plan, a back-up plan for provision of essential services is also documented; **and**
- d. There is a description of the plan related to community-wide disasters, such as weather related conditions.

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

Care plan.  
Case Notes.  
LTCC/HRA.

**Contract Citation(s):**

6.1.4.1(2) and (3)  
6.1.5.2 (4)  
6.1.24.2

---

<sup>1</sup> Completed per MCO care model.

#### **4. CARE PLAN – Goals**

**Desired Outcome:** The enrollee's goals or skills to be achieved are included in plan, are related to the enrollee's preferences and how the enrollee wants to live their life, and there is a plan to achieve their goals.

**Method for measuring outcome achievement (met as determined by all of the following):**

a. Goals and skills selected by the enrollee to be achieved are clearly described;

**and**

b. Action steps, including services or supports needed, are identified and describe what needs to be done to assist the enrollee to achieve the goals or skills;

**and**

c. Monitoring progress towards goals is included ;

**and**

d. Target dates for completion are included (at least month and year);

**and**

e. Outcome/achievement dates are included (a month/year needs to be documented).

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

Care plan.

**Contract Citation(s):**

6.1.4.1 (2) and (3)

6.1.5.2(4) 6.1.24.2

## **5. CARE PLAN - Choice of HCBS Provider<sup>2</sup>**

**Desired Outcome:** Enrollee was given information to enable the enrollee to choose among providers of HCBS and enrollee made choices of provider(s) – if applicable.

**Method for measuring outcome achievement (met as determined by all of the following):**

a. The enrollee was offered choices among HCBS services; Completed and signed care plan or evidence of attempts to sign (telephonic HRA);

**and**

b. Documentation that a copy of the care plan summary or care plan was provided to the enrollee.

**Not met as determined by the following:**

No evidence of choice found in above.

**Source of Evidence:**

Care plan signature section.

Case notes.

**Notes related to COVID:**

The member's signature on a care plan has been the source of evidence used to verify several care plan process and content requirements have been met. The signature requirement was waived as part of COVID-related provisions approved by the state and CMS. The waiver of the care plan signature requirement initially ended effective August 30th, 2021. However, the 2022 Legislature extended this waiver retroactive to September 1, 2021. However, it is expected that CC document review of the plan, including choices between services and providers.

**Citation(s):**

6.1.25(3)

---

<sup>2</sup> Completed per MCO care model.

## **6. CARE PLAN – Safety Plan/Personal Risk Management Plan<sup>3</sup>**

**Desired Outcome:** The enrollee has a plan to address identified safety issues and risks.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. Discussion between care coordinator and enrollee regarding safety concerns/risks is documented

**and**

- b. The plan for managing risks discussed is included in the care plan; **or**

It is documented that no plan for managing risks is needed.

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

Care plan section.

**Contract Citation(s):**

6.1.24.2(1)

6.1.4.1(2)(b)

---

<sup>3</sup> Completed per MCO care model.



## **7. Service Plan – if applicable<sup>4</sup>**

**Desired Outcome:** Service plan created, if applicable.

**Method for measuring outcome achievement (met as determined by all of the following):**

Existence of a service plan that includes:

a. Type of formal services funded by the MCO (outside of a waiver);

**and**

b. The amount, frequency, duration and cost of each service funded by the MCO;

**and**

c. The type of provider, and name of provider if known, furnishing each service, including non-paid caregivers and other informal community supports or resources.

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

Care plan.

---

<sup>4</sup> Completed per MCO care model.

## **8. COMMUNICATION OF CARE PLAN/ SUMMARY - Physician<sup>5</sup>**

**Desired Outcome:** The enrollee's primary care physician receives a Care Plan Summary.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. Evidence of care coordinator communication of care plan elements with Primary Care Physician (PCP).

**Not met as determined by the following:**

Evidence not present of communication of care plan summary to PCP.

**Source of Evidence:**

Care plan  
Case notes

**Citation(s):**

6.1.4.1(2)(a)  
6.1.24.2

---

<sup>5</sup> Completed per MCO care model.

## **9. COMMUNICATION OF CARE PLAN/SUMMARY – Enrollee<sup>6</sup>**

**Desired Outcome:** The support plan is signed and dated by the enrollee or authorized representative

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. The care plan is signed and dated by the enrollee or authorized representative or evidence of attempts to sign (telephonic HRA);
- b. The care plan reflects the enrollee's choice of individuals who are to receive the care plan/summary.

**Not met as determined by the following:**

The above stated requirement is not met

**Source of Evidence:**

Care plan.

**Notes related to COVID:**

The member's signature on a care plan has been the source of evidence used to verify several care plan processes and content requirements have been met. The signature requirement was waived as part of COVID-related provisions approved by the state and CMS. The waiver of the care plan signature requirement initially ended effective August 30th, 2021. However, the 2022 Legislature extended this waiver retroactive to September 1, 2021.

## **10. CARE COORDINATOR FOLLOW-UP PLAN**

**Desired Outcome:** Enrollees have a care coordinator follow-up or contact plan related to identified concerns or needs<sup>7</sup>, and the plan is implemented.

---

<sup>6</sup> Completed per MCO care model.

<sup>7</sup> Follow up plan must address based on individual needs:

**Method for measuring outcome achievement (met as determined by all of the following):**

a. Care Coordinator documents their plan for enrollee contact;

**and**

b. Care Coordinator documents contact with enrollee according to plan; **or** Documents the reason the plan was not followed.

**Not met as determined by the following:**

The above stated requirements are not met per each sub-element.

**Source of Evidence:**

Care plan

Case notes

**Notes related to COVID:**

The member's signature on a care plan has been the source of evidence used to verify several care plan processes and content requirements have been met. The waiver of the care plan signature requirement ended effective August 30th, 2021. However, the 2022 Legislature extended this waiver retroactive to September 1, 2021. The signature requirement was waived beginning March 18, 2020 as part of COVID-related provisions approved by the state and CMS.

**Contract Citation(s):**

6.1.4.2(6)

6.1.5.2(16)(c)

---

Identified preventive care concerns including but not limited to annual physical, immunizations, screening exams such as dementia screening, vision and hearing exams, health care (advance) directive, dental care, tobacco use, and alcohol use.

Identified long-term care and community support concerns including but not limited to caregiver support, environmental and personal safety (e.g. falls prevention), home management, personal assistance, and supervision, long-term health-related needs (e.g., clinical monitoring, special treatments, medication monitoring, and palliative/hospice care).

Identified medical care concerns including but not limited to the management of chronic disease such as hypertension, CHF/heart disease, respiratory /lung disease, diabetes, and joint/muscle disease.

Identified mental health care concerns including but not limited to depression, dementia, and other mental illness.

## **11. ANNUAL PREVENTIVE HEALTH EXAM**

**Desired Outcome:** Enrollee engages in conversation about the need for an annual, age–appropriate comprehensive preventive health exam with care coordinator.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. Documentation is present in enrollee’s Care Plan that substantiates a conversation was initiated with enrollee about the need for an annual, age-appropriate comprehensive preventive health exam.

**Not met as determined by the following:**

No evidence of conversation about the importance of annual preventive health care present in enrollee’s Care Plan.

**Source of Evidence:**

Care plan.

**Contract Citation(s):**

6.1.4.2(2)

6.1.5.1(2)

6.1.6.2

## **12. ADVANCE DIRECTIVE**

**Desired Outcome:** Enrollee has opportunity for annual discussion about and/or completion of an Advance Directive.

**Method for measuring outcome achievement (met as determined by any of the following):**

a. Advance Directive exists; **or**

Care coordinator documents annual initiation of conversation about Advance Directive; **or**

Care coordinator documents enrollee's refusal to complete an Advance Directive; **or**

Care coordinator documents reason why Advance Directive conversation was not initiated.

**Not met as determined by the following:**

None of the above stated methods to meet this requirements are documented.

**Source of Evidence:**

Care plan.

**Contract Citation(s):**

6.1.4.1(2)(c)

6.1.5.2(4)

### **13. APPEAL RIGHTS**

**Desired Outcome:** Enrollee receives information about their appeal rights.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. Completed and signed care plan indicates receipt of appeal rights or evidence of attempts to sign (telephonic HRA); **or**  
Other MCO signed documentation in enrollee file indicates receipt of appeal rights.

When a signature was not obtained under the COVID waiver of this requirement, the care coordinator documented review of appeal rights with the member.

**Not met as determined by the following:**

No documentation that the enrollee received information about their appeal rights.

**Source of Evidence:**

Care plan, other signed documentation.  
Case notes.

**Contract Citation(s):**

3.8

### **14. DATA PRIVACY**

**Desired Outcome:** Enrollee receives information about data privacy.

**Method for measuring outcome achievement (met as determined by all of the following):**

- a. Completed and signed care plan indicates receipt of data privacy information or evidence of attempts to sign (telephonic HRA); **or**

Other MCO signed documentation in enrollee file indicates receipt of data privacy information; **or**

When a signature was not obtained under the COVID waiver of this requirement, the care coordinator documented review of appeal rights with the member.

**Not met as determined by the following:**

No documentation that the enrollee received information about data privacy.

**Source of Evidence**

Care plan, other signed documentation.

Case notes.

**Contract Citation(s):**

6.1.4.2(13)

6.1.5.2(16)(I)

6.1.4.1(2)

6.1.5.2(4)